

STATE OF MAINE

BOARD OF DENTAL EXAMINERS

APPLICATION FOR LICENSURE

EXPANDED FUNCTION DENTAL ASSISTANT

- Standard Application



Maine Board of Dental Examiners
143 State House Station
Augusta, ME 04333-0143

Office Telephone: (207) 287-3333
Office Facsimile: (207) 287-8140
TTY users call Maine Relay 711
Website: www.maine.gov/dental

Office located at: 161 Capitol Street, Augusta, Maine

Revised: 5/2016

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Dental Examiners is enclosed. It contains all the relevant materials you need to complete your application for licensure in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT

- Application Information Guide
- Individual License Application
- Certificate Of Expanded Function Dental Assisting Program Completion Form
- Verification of Licensure Form
- Jurisprudence Examination
- Maine's Mandated Reporter Requirements for Suspected Child Abuse website
- Maine's Medical Professionals Health Program website

ADDITIONAL RESOURCES

- Board of Dental Examiners Statute, Title 32, Chapter 16

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://legislature.maine.gov/legis/statutes/32/title32ch16sec0.html> or call (207) 287-3333

- Board of Dental Examiners Rules

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#313> or call (207) 287-3333

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

APPLICATION INFORMATION GUIDE

- **National Practitioner Data Bank (NPDB)**: You are required to obtain a self-query report and submit the report to the Board with your application. Please visit NPDB's website at <http://www.npdb.hrsa.gov/index.jsp> or contact them directly at: 1-800-767-6732.
- **Out of State Background Checks**: The Board requires that you provide a criminal background check from each state in which you reside or have resided during the past 10 years immediately preceding your application. You can either contact each state individually by visiting the following link <https://www5.informe.org/online/pcr/faq.htm> or request a statewide Federal Bureau of Investigation report; see website at: <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks>. If you reside/resided in the State of California then please request forms directly from Board staff.
- **Verification of Licensure Form**: The Board requires that you submit verification of licensure for any professional license ever held, i.e. expired, inactive, retired, etc. from any licensing authority as part of the application materials.
- **Mandated Reporter Requirements for Suspected Child Abuse**: Maine law requires that dentists and dental hygienists immediately report or cause a report to be made to the Maine Department of Health and Human Services (DHHS) when the licensee knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred. Mandated Reporter Training and additional information regarding mandated reporting can be found at: <http://www.maine.gov/dhhs/ocfs/cps/>
- Please submit your application materials to the Board by mail or hand delivery to our office. **Faxed submissions will not be accepted.** Your application will be reviewed and processed in the order that it was received. Application reviews generally take at least two weeks, barring any action required by the full Board, or any high volume renewal of licensure periods.
- If there are deficiencies with your application, you will be notified by mail. You may also check the Board's website at www.maine.gov/dental. It is the responsibility of the applicant to see that all documentation is completed and returned to the Board for consideration.

THERE ARE 2 PATHWAYS FOR LICENSURE AS AN EXPANDED FUNCTION DENTAL ASSISTANT

STANDARD APPLICATION

An application for examination shall include:

- ☐ Completed and signed Application (pgs. 1-12)
- ☐ Payment of an Application Fee of \$80.00
- ☐ Payment of a Licensure Fee of \$80.00
- ☐ Payment of a Criminal History Records Check Fee of \$21.00 (if applicable)

Note: All fees can be in one payment.

- ☐ Official documentation of current registration as a DANB Certified Dental Assistant ; **OR**
- ☐ Verification of a current license as a Registered Dental Hygienist
- ☐ Completed Certificate of Expanded Function Dental Assisting Education Program
- ☐ Passing Score on Jurisprudence Examination
- ☐ Completed Verification of Licensure Form(s)
- ☐ NPDB Self-Query Report
- ☐ Current; valid CPR Certification
- ☐ Out of State Criminal Background check report(s) (if applicable)

PATHWAY II – ENDORSEMENT/RECIPROCITY (Requires active clinical practice 3 years prior to application)

An application for licensure on the basis of endorsement/reciprocity shall include:

- ☐ Completed and signed Application (pgs. 1-12)
- ☐ Payment of an Application Fee of \$80.00
- ☐ Payment of a Licensure Fee of \$80.00
- ☐ Payment of a Criminal History Records Check Fee of \$21.00 (if applicable)

Note: All fees can be in one payment.

- ☐ Official documentation of current registration as a DANB Certified Dental Assistant ; **OR**
- ☐ Verification of a current license as a Registered Dental Hygienist
- ☐ Completed Certificate of Expanded Function Dental Assisting Education Program
- ☐ Passing Score on Jurisprudence Examination
- ☐ Completed Verification of Licensure Form(s)
- ☐ NPDB Self-Query Report
- ☐ Current; valid CPR Certification
- ☐ Out of State Criminal Background check report(s) (if applicable)

STATE OF MAINE / BOARD OF DENTAL EXAMINERS

Mailing Address: 143 State House Station, Augusta, Maine 04333-0143 **Courier address:** 161 Capitol Street, Augusta, Maine 04330
Phone: (207) 287-3333 Fax: (207) 287-8140 TTY users call Maine Relay 711 Website: www.maine.gov/dental

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 143 State House Station, Augusta, Maine 04333- 0143.
- **Where are you located?** 161 Capitol Street, Augusta, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Augusta to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Augusta to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: www.maine.gov/dental
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Maine Board of Dental Examiners requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question?
- Sign and date your application?
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



STATE OF MAINE
BOARD OF DENTAL EXAMINERS

INDIVIDUAL LICENSE APPLICATION

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	mm / dd / yyyy	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. Have you ever been charged, summonsed, indicted, arrested or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution?

(circle one) NO YES

If yes, enclose a detailed description of what happened (including dates), police report and a copy of the court judgment.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Maine Board of Dental Examiners will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE

DATE

Board of Dental Examiners

Required Fee: \$181.00
(includes Criminal History Records Check Fee)

Office Use Only

2619 - \$80.00
2631 - \$80.00
2690 - \$21.00

Please Select License Type:

- ☐ Standard (EFDA) – Expanded Function Dental Assistant
☐ Reciprocity (EFDA) – Expanded Function Dental Assistant

Office Use Only

Check # _____
Amount: _____
Cash #: _____
License #: _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:

NAME OF CARDHOLDER (please print)	FIRST	MIDDLE INITIAL	LAST
I authorize the Maine Board of Dental Examiners to charge my <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> Discover the following amount: \$ _____			
Card number:	XXXX-XXXX-XXXX-XXXX	Expiration Date	mm / yyyy
SIGNATURE	DATE		

High School Education		
Name of Academic Institution:		
Mailing Address:		
City:	State:	Zip Code:
Major:	Degree Granted:	Date Conferred:

Expanded Function Dental Assisting Program		
Name of Dental School Attended:		
Mailing Address:		
City:	State:	Zip Code:
Degree Granted:		Date Conferred:

Current or Intended Place of Employment		
Name of School or Program Affiliation:		
Mailing Address:		
City:	State:	Zip Code:
Dates:		

Name of School or Program Affiliation:		
Mailing Address:		
City:	State:	Zip Code:
Dates:		

Name of School or Program Affiliation:		
Mailing Address:		
City:	State:	Zip Code:
Dates:		

Previous Employment
 List in chronological order all professional experience including full work history of practice, and all healthcare entities where you have held or now hold privileges.

Previous Employment
 List in chronological order all professional experience including full work history of practice, and all healthcare entities where you have held or now hold privileges.

[illegible]

Continuing Education Activities

Please list continuing education activities that you have completed during the past two years prior to this application.

Date	Title of Activity	Hours Earned

Credentialing History

Have you ever held a professional license/certification/registration in this or any other state/country?

☐ YES ☐ NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Out of State Background Check

Please list the states in which you reside or have resided in for the previous ten (10) years – you must provide a criminal background check report for each of the states listed:

Licensure / Disciplinary Questions

Please circle each answer. If any of the following questions are answered yes, please provide details on a separate sheet and attach to application.

1. Have you ever been denied licensure in any state, Canadian province or other country?

YES NO

2. Have you ever possessed a license to practice that was suspended, revoked or subjected to other disciplinary action?

YES NO

3. Have your practice privileges ever been restricted?

YES NO

4. Have you ever left a dental licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?

YES NO

5. Have you ever been denied registration or had your ability to administer, prescribe, dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by:

a. U.S. Drug Enforcement Administration (DEA)? YES NO

b. Any state, territory of the U.S., including Maine? YES NO

6. Have you ever received a sanction from the Center for Medicare and Medicaid Services or any state Medicaid program?

YES NO

7. Have you ever rendered services illegally?

YES NO

8. Are you now, or have you ever been, addicted to the use of alcohol, narcotic or other drugs?

YES NO

Licensure / Disciplinary Questions

Please circle each answer. If any of the following questions are answered yes, please provide details on a separate sheet and attach to application.

9. Are you now, or have you ever been hospitalized or undergone treatment for alcohol or drug dependency?

YES NO

10. Have you ever been hospitalized for the treatment of mental illness?

YES NO

11. Have you ever been diagnosed with or treated for a medical, mental health, or addictive condition which in any way currently limits or impairs your ability to practice dentistry or to function as a dentist?

YES NO

12. Have you ever been diagnosed with or treated for any medical mental health, or addictive disorder that impaired your behavior, judgment, understanding, or ability to function in school, work or other important life activities?

YES NO

13. Have you had a disabling physical or mental illness(es) that resulted in any hospitalization or that prevented you from working or carrying out your usual daily responsibilities for more than 30 days?

YES NO

14. Have you raised the issue of consumption of drugs or alcohol or the issue of a medical, mental health or addictive disorder as a defense or in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination action (educational, employer, government agency, professional organization, or licensing authority)?

YES NO

15. Are you currently engaged in the use of illegal use of drugs or misuse of any drugs?

YES NO

Licensure / Disciplinary Questions

Please circle each answer. If any of the following questions are answered yes, please provide details on a separate sheet and attach to application.

16. Have you ever had a claim or suit alleging malpractice liability in which you are/were named as a defendant, including nuisance suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company/representatives without your express consent?

YES

NO

17. Are you currently in default on payment of student loans?

YES

NO

18. Have you read the laws and rules governing dental practices in Maine?

YES

NO

Affidavit of Applicant

I have read and completed this application and attest that all information is true to the best of my knowledge. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice podiatry in the state of Maine.

I hereby authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), business and professional associations (past and present), and all government agencies and instrumentalities (local, state, federal or foreign) to release to the Maine Board of Dental Examiners, my references and information, files, or records requested by the Board in connection with processing of this application. I hereby authorize the Maine Board of Dental Examiners to use photocopies of this authorization and waiver in lieu of the original.

I further authorize I further authorize the Maine Board of Dental Examiners to release to the organizations, individuals and groups listed above, any information which is material to my application.

Signature of Applicant: _____

Date: _____

VERIFICATION OF LICENSURE

To be completed by applicant prior to mailing to each state in which you now hold or have ever held a license to practice. Please print. (This form may be copied as necessary.)

Applicant

Name: _____

Address: _____

(state)

(zip code)

License #:_ Date Issued:

I hereby authorize the Board of Dentistry of the State of _____
to furnish to the Maine State Board of Dental Examiners the information requested below.

Applicant Signature:

Date:

To be completed by the State Licensing Board verifying the above information. Please complete this section and return to the applicants address above:

LICENSING BOARD OR AGENCY: This is to certify that the above-named was issued:

License #

Date issued

Date of expiration

Current Status of License: (check all that apply) ☐Active ☐Inactive ☐Lapsed
☐Probation ☐Restricted ☐Suspended ☐Revoked

Disciplinary Action: (If yes, please attach a copy of the decision and a detailed explanation for the discipline and a copy of the consent agreement(s) or decision & order(s) issued)

Has this license ever been revoked, suspended, limited, surrendered, restricted, placed on probation, encumbered in any way or is it currently under investigation? ☐ Yes ☐ No

Signature: _____

Title: _____

State completing this form:

Date: _____

(SEAL)

**STATE OF MAINE
BOARD OF DENTAL EXAMINERS**

CERTIFICATE OF EXPANDED FUNCTION DENTAL ASSISTING PROGRAM COMPLETION

I am applying to practice expanded function dental assisting in the state of Maine. The Maine Board requires verification of my education. This is your authority to release any information in your files directly to the Maine Board at the address below.

THIS SECTION TO BE COMPLETED BY THE APPLICANT.

Applicant's name: _____

Applicant's address: _____

Dates of attendance: from _____ to _____

THIS SECTION MUST BE COMPLETED BY THE DEAN, SECRETARY OR REGISTRAR OF THE SCHOOL.

I hereby certify that the above named applicant has completed an expanded function dental assisting program.

Name of program/school _____

Address of school _____

Dates of attendance: from _____ to _____

Program completion date: _____

Name & title of school official: _____

Official's signature _____ dated: _____

**PLEASE PLACE
SCHOOL SEAL
HERE**

Mail to:

**Maine Board of Dental Examiners
143 State House Station
Augusta, ME 04333-00143**

BOARD OF DENTAL EXAMINERS
Jurisprudence Examination for Expanded Function Dental Assistants

NAME: _____

DATE: _____

This examination must be completed with a successful grade of at least 90%. It is an open book examination. The answers may be obtained by going to our website at www.maine.gov/dental, and click on “Statutes and Rules” on the home page. Please circle the correct answer.

		True	False
1.	The normal term of office of dentists, dental hygienists and denturists on the Board of Dental Examiners is five years.	T	F
2.	Each patient in a multi-dentist practice must be provided with a dentist of record upon the onset of treatment.	T	F
3.	The Board of Dental Examiners consists of five dentists, one hygienist and two public members.	T	F
4.	The Board may conduct or authorize an investigation of violations of the laws relating to the practice of dentistry, dental hygiene, denturism, dental radiography, and expanded function dental assisting.	T	F
5.	It shall be unlawful for any person not otherwise authorized by law to practice dental radiography without having a current license issued by the Board.	T	F
6.	Failure to notify the Board of a change of name or address within 30 days subjects the licensee to a \$25.00 fine.	T	F
7.	If the Board concludes that modification or non-renewal of a permit might be in order, the Board shall hold an adjudicatory hearing.	T	F
8.	A dentist is not liable for the activities of an EFDA in his/her employ.	T	F
9.	An EFDA may apply pit and fissure sealants under direct supervision only after the dentist has determined the site acceptable.	T	F
10.	Upon proof of loss, an EFDA may obtain a duplicate permit/certificate of ability to practice.	T	F
11.	It is considered unprofessional conduct for a licensee to maintain supplies in an unsanitary condition.	T	F
12.	A dental hygienist or dental assistant may take impressions for study casts.	T	F
13.	A license, permit, or certificate of ability to practice is automatically suspended for failure to pay the registration fee by February 1.	T	F
14.	A licensee notified by the Board of a complaint against him/her shall respond within 30 days.	T	F
15.	Every act constituting a violation of the Dental Practice Act is a separate offense.	T	F

16.	An EFDA must be 18 years of age or older, hold a certified dental assistant certificate or registered dental hygiene license and has completed training within a CODA accredited program, a school or program approved by the Board.	T	F
17.	The Board does not grant certification by endorsement for EFDA.	T	F
18.	Failure to use a lead apron on a patient when taking radiographs constitutes a violation of the Dental Practice Act.	T	F
19.	An EFDA must complete 50 hours of continuing education units and be CPR certified every five years for re-certification.	T	F
20.	An EFDA may practice under direct supervision.	T	F
21.	On or before the expiration date of the certification, the expanded function dental assistant must pay to the board a certification renewal fee to be determined by the board.	T	F
22.	Failure to be properly certified within 30 days results in automatic suspension of a certificate to practice.	T	F
23.	The purpose of the Board of Dental Examiners is to protect the dentist, dental hygienist and expanded function dental assistants.	T	F
24.	A fee is required for reinstatement of a certificate.	T	F
25.	An expanded function dental assistant must furnish the Secretary of the Board with the places of practice.	T	F
26.	An EFDA may perform only those duties delegated by the Maine Dental Practice Act.	T	F
27.	An EFDA must maintain CPR certification and can only claim 3 category I credits during the 5 year renewal period.	T	F
28.	A Maine licensed dentist (DDS/DMD) or a Maine licensed hygienist (RDH) must first determine that the teeth to be polished are free of calculus or other extraneous material prior to polishing.	T	F
29.	The EFDA does not need to have the dentist personally diagnose the patients' teeth to Have sealants, if they have been previously treatment planned.	T	F
30.	EFDA's may remove gingival retraction cords under direct supervision.	T	F
31.	EFDA's can place temporary fillings in an emergency basis under general supervision provided the patient is informed the fillings are only temporary.	T	F
32.	EFDA's may place and contour amalgam fillings under direct supervision.	T	F
33.	EFDA's are not allowed to place composite restorations.	T	F
34.	EFDA's may cement provisional bridges and temporary crowns under direct supervision.	T	F
35.	EFDA's are not permitted to do supragingival polishing.	T	F

36.	EFDA's may do vitality testing under direct supervision.	T	F
37.	It is not necessary for EFDA's to have CPR certification.	T	F
38.	Requirements for EFDA's do not include mandatory continuing education.	T	F
39.	To be qualified as an EFDA you must have a current CDA certificate or be a registered dental hygienist.	T	F
40.	EFDA's are allowed to administer nitrous oxide.	T	F
41.	EFDA's may remove caries with a slow speed hand piece prior to placing the filling material if they see that the caries was not completely removed by the dentist	T	F
42.	EFDA's may remove but not place gingival retraction cord.	T	F
43.	EFDA's may size, place and cement orthodontic bands as long as the dentist does the Final inspection.	T	F
44.	EFDA's are allowed to apply topical fluoride treatments.	T	F
45.	EFDA's are allowed to apply desensitizing agents to root surfaces.	T	F
46.	EFDA's may take impressions for permanent crowns and bridges.	T	F
47.	EFDA's who receive certification by endorsement need not sit for a formal interview with the MBODE.	T	F
48.	EFDA's may take dental plaque smears for microscopic inspection and patient education.	T	F
49.	EFDA's may place and remove sutures.	T	F
50.	EFDA's can assist public health dental hygienists working under PHS status.	T	F

Maine's Prescription Monitoring Program

Maine's Prescription Monitoring Program (PMP) is a tool created to prevent and detect prescription drug misuse and diversion, and improve patient care through better coordination of care. PMP maintains a database of all transactions for schedule II, III and IV controlled substances dispensed in the State of Maine. This database is available free online to prescribers and dispensers by the Office of Substance Abuse and Mental Health Services (SAMHS) in the Maine Department of Health and Human Services. The database is searchable online, so it is available anywhere one has Internet access. Clinicians can use the program to check the history of a new patient and to monitor on-going treatment. PMP is another tool clinicians can add to their toolkit for preventing and intervening against misuse and diversion of prescription drugs. FMI about the program visit: <http://www.maine.gov/dhhs/samhs/osa/data/pmp/index.htm>

Maine's Mandated Reporter Requirements for Suspected Child Abuse

Maine law requires that dentists and dental hygienists immediately report or cause a report to be made to the Maine Department of Health and Human Services (DHHS) when he/she knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred. Recently enacted legislation also requires mandated reporters to obtain training every four years. FMI regarding mandated reporting and training, please visit the following website: <http://www.maine.gov/dhhs/ocfs/cps/>

Maine's Medical Professionals Health Program

The MPHP works cooperatively with six Maine boards of licensure, hospitals, medical staffs, and professional associations to ensure that professionals in need of treatment and services get the help they need. The MPHP is not a treatment program, but our staff will help professionals to find the resources they need, to better understand the treatment and recovery process, and to implement strategies for return to safe practice. <https://www.mainemed.com/member-services/medical-professionals-health-program>